N. B.

		OF MARYLAND—	CERTIFICATE OF DEATH	71
1. P	LACE OF DEATH	-	4.0	
(	County Charle	٥	Registration Dist. No. 106	
\	Village or City Masne.	Springs	No. St., death occurred in a horpital or institution, give its NAME instead of street and number	Wa
ι	Length of residence in city or town where	· / ~	ds. How long in U. S. if of foreign birth?	or)
2. F	ULL NAME Jesse	e Bridahan	<b>L</b>	
(	(a) Residence: No. / // // A.S.	(Usual piece of abode)	St., - Ward.  If nonresident give city or town and State	
F	PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX	F 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 29 193	S (Yaar)
HU	arried, widowed, or divorced SBAND of		22.   I HEREBY CERTIFY, That I attended dacea	and f
(01	r) WIFE of		201 201 20	19.3
6 DATE	OF BIRTH (month, day, and year)	ules 26 1856	Hast saw h. M. alive on aug 14 1935 dea	
7. AGE	Years Months	Days If LESS than	to have occurred on the date stated above, at 12:31 Pm.	
	79	3 1 day, — hrs. or — min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows	
8.	Trade, profession, or particular	VI = = = \$(VIII)	Rectal Carening Date	e of on
2	kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	none		~(-/-
9. 10.	Industry or business in which work was dona, as SILK MILL,			
J 10.	Date daceased last worked at	11. Total tima (yaars)		
0	this occupation (month and year)	spant in this		
	Dece	conside Pa	Dthar Coutributory Causes of importance:	
	THPLACE (city or town)	summer good, visa.	(tatherna	
13.	NAME John G.	Bridaham	Cacherio	
13.	BIRTHPLACE (city or town) Be	Aford Pa	Name of operation Date of	
-	(State or country)		What test confirmed diagnosis?	v? 1
15.	MAIDEN NAME Jane	M. Burbank	23. If death was due to external causes (VIOLENCE) fill in also the following:	,,
- 1	BIRTHPLACE (city of town) Sta	unter Mass	Accident, suicide, or homicide? Date of Injury	19
Σ	(Stata or country)		Where did injury occur?	
17. INFO	ORMANT Mas John (Address)	M-Donald Seste	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
18. BURI	IAL, CREMATION, DR REMOVAL	P 31 -	Manner of injury	
P	Place & minikey	Date Mug 31, 19 35	Natura of injury	
	ERTAKER Sunt a (Addrass) Haldner	Ryan	24. Was disaase or injury in any way related to occupation of deceased?	0
20. FILE	Bef. 24 , 1935 74 2	Denning for Registrar.	(Signad) 9. 0- da dane (Address) Sudian Nead	- N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECESIVES	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neparitis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 007 5 1935	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
county: Charles.	Registration Dist. No. 102
Village or City Goucaster.	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Olomas & Stee	<i>t</i> ,
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wind the word)	21. DATE OF DEATH (Monthly) (Day) (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY GERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Queg 13,1897.	I Jest daw h Jajob jest death is said
7. AGE Years Months Oeys if LESS than 1 day, hrs. or or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular tind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chronic Ingreatours.
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
O Oate deceased last worked et this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Aoscastes (State or country) Manuford.	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) Manuferfory,	
(State or country)	Name of operationOete of
	What test confirmed diagnosis? Was there en autopsy?
16. BIRTHPLACE (city or town) Douglaster	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?
17. INFORMANT Polit. Ye'ggs.  (Address) Rangingha Mid	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placetanging Defender 9, 1935	Manner of injury
19. UNOERTAKER Stronbey Denny (Address) Production Denny	24. Was disease or injury in eny way related to occupation of deceased?
20. FILEDang, 9, 19350 & Immunot	(Signed) George & Bicknell M.D.

(Address)

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. 56. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial negaritis SEP 4 1959	1921	Run over by street car	1 week ago	
Cerebral hemorrhage  BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
		•		

ADDITIONAL	SPACE FOR	FURTHER ST	IALEMENIS B	I PHISICIAN	
					_

BINDING	
FOR	
RESERVED	
ARGIN	

BIN]	
FOR	
RESERVED	
MARGIN	

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC AGE should be stated EXACTLY. properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be jo See instructions on back mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0	0	say	1	×
U	0	7	Ä	P

1. PLACE O	F DEATH			<u>(S)</u>			
County	Charles	*		Registration Dist. No. 103			
Village or	CityDubois	daath occurred	(lí	No. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)  os. ds. How long in U. S. if of foreign birth? yrs. mos, ds			
	MEStillb	orn Dade		St., Ward.			
PERSON	NAL AND STATIST			If nonresident give city or town and  MEDICAL CERTIFICATE OF DEATH	State		
3. SEX Female	OR DIVORCED (comits the word)			21. DATE OF DEATH  Aug; 5,  (Month) (Day)	, 1935		
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorcad			22. 1 HEREBY CERTIFY, That I attended			
6. DATE OF BIRTH	(month, day, and year)	ug. 5, 19	35.	I last saw h alive on, 19			
	ears Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
8. Trade, profassion, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc  9 Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last workad at this occupation (month and year)				STILLBIRTH  Lifting a heavy tub  Other Contributory Causes of importance:	-		
L 13. NAME	Charles Ga	nts					
	CE (city or town) Chas	. Co., Md	•	Name of operation			
17. INFORMANT	E (city or town) Md country) Md Charles Gant	•		23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?			
18. BURIAL, CREMA	DuBoise, TION, OR REMOVAL Pamily Garden	Md. Date Aug	5. 5, <sub>19</sub> 35	Manner of injury			
(Addrass)	Charles Gant DuBoise,	Md.		24. Was disaase or injury in any way related to occupation of decaased?  If so, spacify (Signad)			
20. FILED AUG	. 5 <sub>19</sub> 35 J.	P. Tippe	Registrar.	(Signad) (Signad) (Address) Place Purh Mil	M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deteased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	li li	Example I
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
1 week ago	Attack of epilepsy	1915	Arteriosclerosis
1 week ago	Run over by street car	1921	Chronic interstitial nephritis
3 days ago	Peritonitis	July 0, 1927	Cerebral hemorrhage
	Q	0	
	Other contributory causes of importance:	1000	Other contributory causes of importance:
1 year	Gastraenteritis	May 1, 1923	Gallstones
		1	
		*>	
_		,	

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

ż

STATE	OF	MADVI	AND-	CEPTIE	ICA	TF	OF	DE	AT	Н
SIAIL	UF	WARIL	ANU-	CEKIIL	ICA		OF	DE	AI	П

0	0	Lay	4	
н	y.	7	т	6
18	( )	-61	Ä	- 1

Village or City	t., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  (Month)  (Day)  (Year)  I HEREBY CERTIFY. That I attended deceased from 19, 19
(If death of Langth of rasidenca In city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?
Langth of rasidenca In city or town where death occurredyrs,mos.  2. FULL NAME	t., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  (Month) (Day) (Year)  I HEREBY CERTIFY. That I attended deceased from 19,
2. FULL NAME May M. Matter  (a) Residence: No. S  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of	t., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  (Month)  (Day)  (Year)  I HEREBY CERTIFY. That I attended deceased from 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,
(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Fa. If married, widowed, or divorced HUSBAND of	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  (Month)  (Day)  I HEREBY CERTIFY. That I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  DATE OF DEATH  (Month)  (Day)  I HEREBY CERTIFY. That I attended deceased from 19, to 19, ideeth is seld lava occurred on the date stated above, et. [10.4],
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of	I HEREBY CERTIFY. That I attended deceased from 19, 19.
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)  I HEREBY CERTIFY. That I attended deceased from  19 19 19 19 19 19 19 19 19 19 19 19 19 1
HUSBAND of	st saw h affive on 19 ; deeth is seld lava occurrad on the date stated above, et 10.4m.
	st saw h alive on the date stated above, et 10.6. m. 19; deeth is seld
6. DATE OF BIRTH (month, day, and year) Jan -6 - 1873 Ilas	
1 0 -0 - 1 30 A D 1 day has	
No.	PRINCIPAL CAUSE OF DEATH and related causas of importance e es follows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	trant, may have trans
SAWYER, BOOKKEEPER, atc. 129	my my fruits as worth took
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9.Industry or businass in which work was done, as SILK MiLL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and spant in this securation (month and spant in this	a In my fuling for flat pans
yeer) occupation	And the state of t
12. BIRTHPLACE (city or town) Oth	ar Contributory Causes of Importance:
13. NAME michael martin	
L (Charles and annual a	me of operation
	f death was due to extarnal causes (VIOL ENCE) fill in also the following:
I .	ident, suicide, or homicide?, 19,
(State or country)	ere did injury occur?
17. INFORMANT N. W. martin Spe (Addrass) Lasin	(Specify city or town, county and State) scify whathar injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Mai	nnar of Injury
Place mount Menternal pata 8 - 5 , 1930 Nat	tura of injury
19. UNDERTAKER 1	Nas disaese or Injury In eny way related to occupation of deceased?
20. FILED 8 - 2 - 19 85 Ja Ca Rfiggloss, "Registrar.	(Signad) (Addrass) M. D. Maysile M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer mining angineer at this case of engineers and the full descriptive titles, as civil engineer, mechanical engineer mining angineer at this case of engineers and the full descriptive titles, as civil engineer, mechanical engineer at the full descriptive titles, as civil engineer, mechanical engineer at the full descriptive titles, as civil engineer, mechanical engineer at the full descriptive titles, as civil engineer, mechanical engineer at the full descriptive titles, as civil engineer, mechanical engineer at the full descriptive titles, as civil engineer, mechanical engineer at the full descriptive titles, as civil engineer, mechanical engineer at the full descriptive titles, as civil engineer, mechanical engineer at the full descriptive titles, as civil engineer, mechanical engineer at the full descriptive titles, as civil engineer, mechanical engineer at the full descriptive titles, as civil engineer, mechanical engineer at the full descriptive titles, as civil engineer, mechanical engineer at the full descriptive titles, as civil engineer, mechanical engineer at the full descriptive titles, as civil engineer at the full descriptive titles.

chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exam	ple I		Example II	
The principal cause of death a of importance were as follows:  Arteriosclerosis	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	2 = 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEL	July 5, 1927	Peritonitis	3 days ago
	HUREAL	V . S.		
Other contributory causes of in	mportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PL

V. S. No. 1

1	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	08713
	1. PLACE OF DEATH	Harris III and the state of		00036
	County Cha	slos	154 Registration Dist. No.	100
	Village or City Mix. Mic	lasia Wil	negistration bist. No	
	Village of City 77-91	way had	f death occurred in a horpital or institution, give its NAME instead of street	and number)
	Length of residence in city or town where death	occurredyrs,mo	sds. How long in U.S. If of foreign birth?yrs	mosds.
	2. FULL NAME Beijan	in Tlemale	(middlelon)	
	(a) Residence: No. Aux 1	y Nova list	St., Ward.	
	(a) Residence. No.	(Usual place of abode)	If nonresident give city or town	a and State
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3.		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
	male colored	R DIVORCED (White the word)	(Month) (Day)	, 193
5a	. If married, widowed, or divorced HUSBAND of		(3)	(Year)
	(or) WIFE of		22. I HEREBY CERTIFY, That latte	nded deceased from
	7. /	1/ /02/	Clerg & , 1951, to	, 19
	DATE OF BIRTH (month, day, and year)	6-1421	I last saw hole alive on 19	الد على: death is said
7.	AGE Years Months	Oays if LESS than 1 day,hrs.	to heve occurred on the date stated ebove, et 1. 4.92 m.	
	14 6	8 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cause of importance were as follows:	Date of onset
Z	8. Trade, profession, or perticular kind of work done, as SPINNER,	1 0		Date of office
12	SAWYER, BOOKKEEPER, etc.	enst.	Meningilia	Duy 5-
PA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		1	4
OCCUPATION	10. Oate deceased last worked et	11. Total time (years)		
0	this occupation (month and year)	spent in this	***************************************	
	0 /	Oc. apation	Other Contributory Captes of importance:	
12	. BIRTHPLACE (city or town) Clubes	. 0	Oslerangelits	lear -
00	(State or country)	110.1	had an Justesled	1934
FATHER	13. NAME	idallim	lesin - on his left were	7 -
AT	14. BIRTHPLACE (city or town)	Victoria	Name of operation Oate	of
1-	(State or country)		What test confirmed diagnosis? Was there	an autopsy?
HER	15. MAIDEN NAME deure Afen	dey	23. If deeth was due to external ceuses (VIOL ENCE) fill in also the follow	owing:
MOT	16. BIRTHPLACE (city or town)	es Co	Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or country)	und.	Where did Injury occur?	
17	INFORMANT COULD NO (Address)	riddle in	(Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLI	I State) C PLACE.
18	BURIAL, CREMATION, OR REMOVAL	0. 11	Manner of Injury	
	Place The White Da	te Cly 6, 193	Nature of Injury	
	40000 50	add		20
19	(Address)	CT LO TO	24. Was disease or injury in any way related to occupation of deceased	Nalan

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Registrar.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. That the contributory causes of importance, name other important diseases or injuries. Examples:

Example II		REmargine IVED
se of death and related causes Date of onset e as follows:	Date of onset	and the second s
1 week ago	1915	Arteriosclerosis
r 1 week ago	1921	Chronic interstitial nephritBUPFAU V. S.
3 days ago	July 5,1927	Cerebral hemorrhage
y causes of importance:	May 1,1923	Other contributory causes of importance:
	May 1,1923	Gallstones

County Charles		Registration Dist. No. ( )	4
Village or City Shanna & A	1 /	No.	/ Wa
	(If	death occurred in a horpital or institution, give its NAME instead of street and a	umber)
0'0	occurredyrsmos	ds. How long in U. S. if of foreign birth?yrsmos	5
2. FULL NAME michael	morni		
(a) Residence: No	(Usual place of abode)	St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 8 - 1 -	193
5a. If marriad, widowed, or divorced	my CL	(Month) (Day)	(Yaar
HUSBAND of (or) WIFE of	V	22. I HEREBY CERTIFY, That I attended d	
		8-1- ,1935, 10 8 - 1	
6. DATE OF BIRTH (month, day, and year)	na 6 1861	1 last saw harman aliva on 8 1 1 43 1, 193 3	; death is
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
14	ormin.	were as follows:	Date of o
8. Trade, profassion, or particular kind of work done, as SPINNER	chunt	P	4.0.0
SAWYER, BOOKKEEPER, atc. 12 22		any me parties	IQ.TX
kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc  Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc		J	
10. Data daceased last worked at this occupation (month and	11. Total tima (years) spent in this		
year)	occupation	Other Contributory Canses of Importance;	
12. BIRTHPLACE (city or town)	·		
(State or country)	7		
13. NAME William Th	me		1
14. BIRTHPLACE (city or town)	rdi	Name of operation Data of	
0 //	20 - 4'	What test confirmed diagnosis? Was there an at	
H	12 2	23. If daath was dua to axtarnal causas (VIOLENCE) fill In also the following:  Accident, suicida, or homicide? Date of Injury	
O 16. BIRTHPLACE (city or town)	x.==14	Whera did Injury occur?	, 19
17. INFORMANT Henry RI	morris	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
(Address) - murffor			
18. BURIAL, CREMATION, OR REMOVAL	· & - u	Manner of injury	
Placa Manual Durant D	ata_0	Nature of Injury	
19. UNDERTAKER CITCLE	Was,,	24. Was disease or injury in any way related to occupation of daceased?	
(Address) hash	2 11 1	If so, specify	
20 FILED & - 2 - 19 3 5 1.	HEINING	(Signed)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephrotis	- 1221	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

CAUSE

state OCCUPA-

should

(Year)

Date of enset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example IE / VE		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis REAU V S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIA
ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	ВХ	PHYSICIA

. /	.5	U2	1
X	Jo t	plnc	000
TV	item	sho	Jo
	G INK-THIS IS A PERMANENT RE D. Every item of in	GE should be stated EXACTLY. PHYSICIANS should s	that it may be properly classified. Exact statement of OCCU
	É	CI	em
	ō.	SI	stat
		E	4
	(2)		Xac
	I I	Y.	H
C	Z	L	ď.
Z	Z	CJ	ifie
B	MA	A	ass
BIL	ER	X	7
~	Р	P	erly
Ō	20	ate	rop
- F4	E	502	d
	H	be	be
	L	nld	lay
RESERVED FOR BINDING	TK-	sho	t m
S	K	<b>E</b>	it i
~	5	5	ha

of certificate.

on back

instructions

important.

DEATH

OF

CAUSE mation

MOIL

supplied.

carefully

plnods

-WRITE

for-

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County\_\_\_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town where death occurred How long in U.S. if of foreign birth? vrs. mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the data stated above. I day, .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc..... OCCUPATION 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc ..... 10. Oato decaasad last worked at this occupation (month and 11. Total time (years) spent in this occupation\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME . If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?\_\_\_\_\_\_ Oate of injury\_\_\_\_\_\_ 19\_\_\_ 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL 19. UNDERTAKER (Address) If so, specify Registear.

If more blanks are needed, address State Registray, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RE	1915	Attack of epilepsy	1 week ago
Chronic interstitial rephritis 4 1953	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU			
Other contributory tauses of importance:		Other contributory causes of importance:	No.
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

WITH UNFADING INK-THIS IS A PERMANENT REC

PHYSICIANS should state

EXACTLY.

stated

AGE should be it may

properly classified.

certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that mation should be carefully supplied.

TION is very important.

19. UNDERTAKER

(Address)

of OCCUPA-

Exact statement

-WRITE PLAINLY, V. S. No. 1 Ä ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08719			
1. PLACE OF DEATH	(131)			
County Charles.	Registration Dist. No. /0/			
Village or City Graylon.	No. St Ward			
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrsds.			
mi & and a				
,				
(a) Residence: No(Usual place of abode)	St., Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.	21. DATE OF DEATH (Month) (Day) (Year)			
a. If married, widowed or divorced HUSBAND of Gaston to. Watter, (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from			
DATE OF BIRTH (month, day, and year) Sec. 26, 1864	I last saw h alive on 3019_36; death is said to have occurred on the date stated above, at 32 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were additional variables.  Date of onset			
AGE Years Months Days If LESS than 1 day,hrs. ormin.				
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
11. Date deceased last worked at this occupation (month and year)				
2. BIRTHPLACE (city or town) Rome	Other Contributory Canses of Importance:			
(State or country) New York				
13. NAME Heram Cegan.				
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME Cealing Morrison.	23. If daath was dua to extarnal causes (VIOL ENCE) fill In also the following:			
16. BIRTHPLACE (city or town) Oswegov (State or country)	Accident, suicide, or homicide? Date of injury, 19			
7. INFORMANT Collel M. Watter. (Addrass) grayton md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
8. BURIAL, CREMATION, OR TEMOVAL	Manner of injury			

Nature of injury 24. Was disease or injury in any way related to occupation of deceased If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years of over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis CP & 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIO	ONAL SPACE FO	OR FURTHER S	STATEMENTS BY	PHYSICIAN	

m

(Address)

STATE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No. 108  St.; Ward)  Lift death occurs a hospital or instite give its NAME in of street and num.		
MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH  (Month) 2 (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from		
that I last saw has alive on 195, and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:		
(Duration) yrs., mos. 3		
Contributory Facely folding  (Burallon) yrs. mas.  (Signad) Hoary to Clean pelson M.  Any 20, 1935 (Address) Hangher view M.		
#State the DISKASH CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIOAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OF RECENT RESIDENTS) At place in the ef desth yrs		

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ususi residence

20 UNDERTAKER

19 PLACE OF BUR!AL OR REMOVAL

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Pealer, of the second statement mobile factory. The material worked on may form part mill; (a) Salesman, (b) trocury; (a) Foreman, only when needed. As examples: especially in industrial employments, it is necessary to is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Compositor, Architect, very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whether Stationary fireman, etc. If the occupation has been changed Never return Locomotive engineer, (a) Spinner, (b) Cotton But in many cases, ete., If retired from without more "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same excepted term for the same disease. Examples: Cerebraphilal fever (the only definite synonym is "Epidemic cerebraphilal spinal meningitis"); Diphtheria (avoid use of "Croub"); Typhoid fever (never report "Typhoid pneumonta"); Lobar pneumonia. Broneliopneumonia ("Pneumonta"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menunc

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, telomus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbalic acid-probably Example: Measles (disease causing death), 29 ds.: Bron-Struck by railway train-accident: Revolver wound of to determine definitely. Examples: Academial drowning. suicidal, or homicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL peritonities," "Anaemia" (merely symptomatic), "Atrophy." "Collapse." "Coma," "Convulsions." "Debility" ("Concause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvatur heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles. Wheeping "Heart failure," "H emorrhage," "Inamtion," "Maras-(name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. or miscarriage as "Old Age," "Shock." "Urannia." "Weakness. "Senile," etc.). etc. State cause for which "Prendent septicharmia," "Dropsy," (Recommendations Never "Exhaustion." report mere

If the centificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.